PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

				or Fax (S	11)-213-2003			
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifical	form should be used to correspondence including below or directed of tions.	for trans ng the P herwise	mitting the ISSU atent, advance of in Block 1, by (a					should be completed whe correspondence address arate "FEE ADDRESS" f
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, muhave its own certificate of mailing or transmission.			
29157	7590 12/16	/2008					-	
BELL, BOYD P.O. Box 1135 CHICAGO, II. 6	& LLOYD LLP 0690		II St ad tri	Certificate of Mailing or Transmission I hereby certify that this Pec(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mall in an envelop addressed to the Mail Stop ISSUE FEB address above, or being facsimil transmitted to the USFTO (571) 273-2885, on the date indicated below.				
				Γ				(Depositor's muno
								(Signature
								(Date
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/595,888 05/18/2006				Didier Courtois 112701-734 8588				8588
TITLE OF INVENTION	: CELL CULTURE SYS	STEM						
APPLN, TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	S0		\$1810	03/16/2009
EXAMINER			ART UNIT	CLASS-SUBCLASS				
KETTER, JAMES S 1636				435-393000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). CR 1.363). Address for Correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				For printing on the patent front page, list (1) the names of up to 3 registered patent altorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02. or more recent) attached. Use of a Custome Number is required.				(2) the name of a single firm (having as a member a cigistered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed frecordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Nestec S.			Vevey, Switzerland					
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual XXX Corporation or other private group entity Government								
4a. The following fec(s) are submitted: 4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) X2i issue Fee								
	o small entity discount p	Payment by credit of	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - #	of Copies3	Withe Director is here overpayment, to Dep	With Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-1818. (enclose an extra copy of this form).					
5. Change in Entity Stat	us (from status indicate s SMALL ENTITY state			→ b. Applicant is no lo	nger claiming SMA	LLENT	ITY status. Sec 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if reg	uired) w	ill not be accepted	from anyone other than Office.	the applicant; a reg	istered a	ttorney or agent; or t	he assignee or other party
Authorized Signature	4	7	_				ch 16, 2009	
Typed or printed name	Robert M	rett		Registration I				
				on is required to obtain o				d by the USPTO to proces
an application. Confident submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	is lequited by 37 Citality is governed by 35 I application form to the ons for reducing this huirginia 22313-1450. DC 13-1450.	U.S.C. USPTC rden, sho NOT S	122 and 37 CFR). Time will vary ould be sent to the	depending upon the ind e Chief Information Offi COMPLETED FORMS	estimated to take 12 lividual case. Any co cer, U.S. Patent and TO THIS ADDRESS	minutes omments Tradem S. SEND	to complete, includi on the amount of ti ark Office, U.S. Der TO: Commissioner	d by the USPTO to proces ng gathering, preparing, ar me you require to comple nartment of Commerce, P.6 for Patents, P.O. Box 145

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number